

TITLE X CONTRACTOR OBJECTIVES

FY'?? ANNUAL REPORT (9/1/?? - 8/31/??)

Legal Name of Agency:

Objective 1	Methodologies/Activities	Progress Describe accomplishment of objective. If not completed, explain why.
<i>IMPORTANT: The medical services below should include all encounters for which the primary purpose is to provide family planning services at a Title X Clinic. This would include full-pay patients, Title XX patients, and Title XIX patients seen at any clinic designated as a Title X facility</i>		
<p>Estimated number of unduplicated medical clients to be served during the contract year:</p> <p>Women 19 and Under _____</p> <p>Women 20 to 34 _____</p> <p>Women 35 and Over _____</p> <p>Males (all ages) _____</p> <p>Total Medical Clients _____</p> <p>*Attach worksheet showing how client numbers and cost per client were figured.</p> <p>Education and outreach services do not include the medical clients counted above, unless medical services were also received by the client during the contract year. Please indicate the total number of clients who received educational and outreach services.</p> <p>Female Education and Outreach Services: _____</p> <p>Male Education and Outreach Services: _____</p> <p>Total Education and Outreach Services: _____</p>	<p style="text-align: center;"><u>Activities Required by TDH:</u></p> <p>a. Offer information about reproductive anatomy and physiology and the value of fertility regulation in promoting individual and family health.</p> <p>b. Explain the range of available services, purpose, and sequence of the clinic procedures.</p> <p>c. Provide counseling to ensure the client has the appropriate information to make an informed decision about birth control.</p> <p>d. Obtain a complete medical, gynecological, obstetrical, contraceptive, sexual, and family/social history.</p> <p>e. Perform a physical exam and appropriate lab procedures.</p> <p>f. Provide appropriate contraceptive supplies</p>	

TITLE X CONTRACTOR OBJECTIVES
FY'?? ANNUAL REPORT (9/1/?? - 8/31/??) continued

Legal Name of Agency:

Objective 2	Methodologies/Activities	Progress Describe accomplishment of objective. If not completed, explain why.
<p>To formulate community initiatives designed to increase general understanding of the value of family planning services, including highly effective contraceptive methods.</p>		

TITLE X CONTRACTOR OBJECTIVES
FY'?? ANNUAL REPORT (9/1/?? - 8/31/??) continued

Legal Name of Agency:

Objective 3	Methodologies/Activities	Progress Describe accomplishment of objective. If not completed, explain why.
<p>To increase public awareness of the problem of adolescent pregnancy and formulate initiatives to address it.</p> <p>Select one of the following project objectives:</p> <ul style="list-style-type: none"> • Provide abstinence education • Provide outreach education to teens • Develop an adolescent peer counselor program • Establish a teen theater group • Conduct teen risk behavior surveys • Conduct a seminar(s) on teen decision-making and responsibility • Deliver pregnancy prevention, HIV/STD prevention, and safer sex messages to high-risk teens (e.g. homeless, drop-outs, substance abusers, etc.) • Deliver pregnancy prevention messages to teens of different cultural backgrounds • Establish a teen help line in your community • Develop educational programs to improve parent-teen communication • Deliver pregnancy prevention messages to teen males • Adoption and/or promotion of a sexuality curriculum that includes a simple assessment of the most appropriate birth control method for the individual client <p><u>Selected objective:</u></p>		

TITLE X CONTRACTOR OBJECTIVES
FY'?? ANNUAL REPORT (9/1/?? - 8/31/??) continued

Legal Name of Agency:

Objective 4 (Individualized)	Methodologies/Activities	Progress Describe accomplishment of objective. If not completed, explain why.

TITLE X CONTRACTOR OBJECTIVES
FY'?? ANNUAL REPORT (9/1/?? -8/31/02) continued

Legal Name of Agency:

Objective 5 (Individualized)	Methodologies/Activities	Progress Describe accomplishment of objective. If not completed, explain why.

TDH TITLE X CONTRACTOR ANNUAL REPORT
FISCAL YEAR ???? (9/1/??-8/31/??)

Legal Name of Agency:

Narrative Summary

In the space below, please write a brief overview of the important events, accomplishments, and concerns that occurred in Fiscal Year 2001 related to the family planning program of your agency. Examples of information to include would be collaboration in a community project, sponsorship of a conference, opening/closing of clinics, outreach to a new client population, etc. You may attach one additional page if needed.

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